

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL COVENTURER

ANNUAL FINANCIAL REPORT FOR 20_____

(California Government Code section 12599.2)

11 Cal. Code Regs. section 308

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code section 12586.1

An annual financial report must be filed for each event
for each charity solicited for during the previous calendar year.



Name and Address of Commercial Coventurer:

CCV Number _____

Name of commercial coventurer

Address of commercial coventurer

City, State, and ZIP Code of commercial coventurer

Name and Address of Charitable Organization:

CT No. _____ F.E.I.N. No. _____

Name of charity

Address of charity

City, State, and ZIP code of charity

Figures from (check one): National Campaign ☐ California Campaign ☐

_____ held (on) (from) _____, 20_____, to _____, 20_____.
(Type of activity) (Date or dates must be shown)

Is the contract between the commercial coventurer and charity based upon a fee or percentage of revenue? Fee ☐ Percentage ☐ Other ☐
If other, provide brief explanation _____

1. REVENUE

A. Cash contributions	_____	A.
B. Entertainment sales or admission charges	_____	B.
C. Sales from products	_____	C.
D. Advertisement sales	_____	D.
E. Membership fees	_____	E.
F. Other sources: (Specify)		
a. _____	_____	Fa.
b. _____	_____	Fb.
c. _____	_____	Fc.
d. _____	_____	Fd.
G. TOTAL REVENUE		_____ G.

2. EXPENSES

A. Fees or commissions	_____	A.
B. Salaries	_____	B.
C. Payroll taxes	_____	C.
D. Employee benefits	_____	D.
E. Cost of merchandise for resale	_____	E.
F. Cost of entertainment	_____	F.
G. Postage	_____	G.
H. Advertising	_____	H.
I. Telephone	_____	I.
J. Rental of equipment	_____	J.
K. Facilities charge	_____	K.
L. Permits	_____	L.
M. Other expenses: (Specify)		
a. _____	_____	Ma.
b. _____	_____	Mb.
c. _____	_____	Mc.
d. _____	_____	Md.
N. TOTAL EXPENSES		_____ N.

3. Amount to charity (subtract line 2N from line 1G) 3.
4. Less additional fundraising expenses paid by charity including fee paid to commercial coventurer (to be completed by charity) 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 6.
7. (a) Is any director, officer, or employee of the commercial coventurer a director, officer, or employee of the charitable organization listed in this report?
☐ Yes ☐ No If "yes" complete the following:

Name and address of director, officer, or employee of commercial coventurer	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

(b) For each affiliation identified in 7(a), attach copy of the contract between the commercial coventurer and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (commercial coventurer)	Printed name	Title	Date
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This report must be signed by two officers or directors of the charitable organization for verification.

Signature of authorized officer/director (charity)	Printed name	Title	Date
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Signature of authorized officer/director (charity)	Printed name	Title	Date
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